

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38820  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 790  
(b) Township Clanton Primary Registration District No. 60334  
(c) City Clanton (d) Street No. ST. LOUIS COUNTY HOSP. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES P. DAMERON

(a) Residence, No. R.R. 13 KIRKWOOD Mo. St. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNA DAMERON

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 14 - 1872

19....., to 19.....

7. AGE YEARS 65 MONTHS 2 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. painter  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

Date of onset

Hypertension  
Heart Disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOBERLY Mo.

Other contributory causes of importance:

13. NAME JAMES DAMERON

9502

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOBERLY Mo.

Name of operation..... Date of.....

15. MAIDEN NAME EMILY KEOWN

What test confirmed diagnosis?..... Was there an autopsy?.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) RAYMOND COLEMAN  
R.R. 13 KIRKWOOD Mo.

Accident, suicide, or homicide?..... Date of injury....., 19.....

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS CEM. DATE OCT. 27, 1937

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS) JAY B. SMITH  
7456 MANCHESTER Mo.

Manner of injury.....

Nature of injury.....

20. FILED 10/26, 1937 D&C J. Signorelli  
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) A. P. Anderson M. D.

(Address) St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I, Howard G. Rawland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Howard G. Rawland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)